

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon ZIP Code + 4 97230-4958

## 9. Business deals with

#### a. Labor Organization

~~X~~ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NECA IBEW Electrical Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16021 NE Airport Way

City Portland

State Oregon ZIP Code + 4 97230

11.a. Nature of such dealing.

Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.

11.b. Approximate dollar value of such dealing.	\$768
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**12.a. Nature of interest held or income received.**

2004 NJATC Regional Conference:  
Registration \$150. Hotel \$194. Airfare \$228.  
Meals \$87. Misc \$ 9.  
Leather Binder \$100.00

12.b. Amount.	\$768
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**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

**13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg , Room No., if any

**Street**

City

State ZIP Code + 4

**14.a. Nature of payment.**

**13.b. Is the Business an Employer or Consultant ?**

14.b. Amount of payment.